IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF GEORGIA
COLUMBUS DIVISION

UNITED STATES OF AMERICA,	*	
	*	
Plaintiff,	*	**CASE NO. ________________**
	*	
v.	*	
	*	
Vitaly Novikov,	*	
	*	
Defendant.	*	

DECLARATION OF EUGENE CHARBONNEAU, D.O.

I, EUGENE G. CHARBONNEAU, DO, hereby declare:

1. I am a Family Medicine physician and serve as Clinical Director at the Stewart Detention Center in Lumpkin, Georgia. My duties include providing medical care for detainees at the facility. I have been employed by the Stewart Detention Center since May 12, 2015.

2. I am familiar with the case of Vitaly Novikov, alien #[redacted]146. I am the supervising physician for Mr. Novikov, and I make this declaration upon a review of the patient's medical record, my examination, and discussion with the treating medical staff.

3. This affidavit is made in support of the petition by the Department of Homeland Security to obtain a court order for daily weight measurements, necessary physical examination laboratory tests every 48 to 72 hours, and any emergency medical interventions or procedures deemed medically necessary to sustain the life of Mr. Novikov while he is on hunger strike. This would include: IV hydration and involuntary feeding via a naso-gastric tube.

4. Mr. Novikov is a 61-year-old male who is detained at the Stewart Detention Center. He is a native of Ukraine.

5. Mr. Novikov has been diagnosed for benign prostatic hypertrophy, depression and gastro esophageal reflux disease, all of which he receives medications for.

6. Mr. Novikov is on a self-imposed hunger strike. His refusal to eat is based on his discontent with ICE.

7. Mr. Novikov has refused all meals since April 21, 2017 and has missed a total of 61 meals since that time and has not consumed any water since 05/09/17. The detainee has allowed for vital signs (temperature, heart rate, respiration rate, blood pressure and

weight), and laboratory work. The vital signs, urinalysis and labs are essential to ensure his health and safety during the hunger strike. Should the detainee begin to refuse vital signs and labs, his medical management would be greatly compromised.

8. Mr. Novikov manifests significant symptoms associated with a prolonged hunger strike and malnutrition. Mr. Novikov appears very weak when he ambulates and can do so for very short distances. He is unsteady and the possibility of him falling and injuring himself is quite real especially given his advanced age. He spends the majority of his day in bed. He speaks slowly and his thoughts are sometimes confused. The temples of his face are slightly sunken and his cheekbones are more prominent. He complains of nausea, stomach pain, muscle pain, dizziness, and lightheadedness. His lips are very dry and cracked, and he has "cotton mouth." His body will continue to consume itself in an effort to meet his body's caloric needs.

9. Mr. Novikov has been evaluated by the mental health team in efforts to have him discontinue his hunger strike. He does not have any psychiatric condition that would cause him not to eat.

The effect of a hunger strike on the human body

10. It is difficult to predict for how long the human body can survive without food, and if an individual does not have adequate fat stored, this time decreases significantly. If an individual goes without water for approximately eight to ten days, he will suffer from dementia, delirium seizures and ultimately become unconscious. Dehydration greatly accelerates a progressive starvation because the waste that the body produces is not excreted. Death by terminal total fasting occurs by acute depletion of thiamine, causing fatal arrhythmia and/or cardiac arrest.

11. Between the 15th and 30th day of a hunger strike, a patient may suffer neurological symptoms which are severe enough to warrant hospitalization.

12. Medical literature reflects that metabolic imbalance caused by fasting, is likely to result in permanent bodily damage and/or death once weight loss reached 18% of the patient's initial weight. Novikov's pre-hunger strike weight on April 21, 2017, was 208.6 lbs. His last documented weight on 05/10/17 was 184 lbs. This represents a loss of 24.6 lbs. or 12% of his pre-fast weight.

13. The medical staff has explained to Mr. Novikov the medical necessity to eat and drink to preserve his health and the medical risks incurred during a hunger strike. Other staff members have repeatedly talked to the respondent in attempts to convince him to eat solid foods and/or nutritional supplements. However, the detainee continues to refuse to resume eating.

14. I have personally explained to Mr. Novikov my concerns regarding his condition and the medical risks involved with a continued lack of nourishment. That is, he risks significant metabolic changes induced by a decreased nutritional intake. If he continues to be on a

hunger strike, he will reach a state of severe metabolic imbalance, with a high risk of adverse consequences such as permanent damage to his kidneys, liver, heart failure and the risk of death.

15. I have counseled Mr. Novikov about the effects of starvation on the body. I have also informed him of involuntary hydration and feeding procedures that will be done to prevent injury and or death should he continue not to eat.

16. In my professional medical judgment, should he decide to continue the hunger strike, he will reach a point where he will require immediate involuntary medical intervention to prevent further deterioration and serious medical complications. If involuntary feeding and/or hydration is required, it will be necessary to feed the patient a nutritional supplement through a nasogastric tube and/or intravenous line in order to provide the nutrition and hydration the patient needs. Also, it will be necessary to perform laboratory tests and physical evaluation to monitor and assess the patient's clinical condition. If the laboratory tests reveal other conditions requiring medical attention, it may be necessary to administer such medications intravenously or through the nasogastric tube. Restraints may be needed to accomplish this involuntary treatment.

The need for medical monitoring, to include involuntary blood draw

17. During the first three days of a hunger strike, the body will start using the glycogen storage in an effort to maintain glucose levels. This storage will rarely last more than 72 hours. Between day 4 and day 13, the brain and red blood cells require glucose as an energy source, and in view of depletion of glycogen storage, the body will start obtaining glucose from non-carbohydrate sources (for example muscle protein) and fatty acids. In this phase the body will experience loss of body fat, protein and total body electrolytes such as potassium, phosphate and magnesium. The body will maintain the serum electrolyte levels at the expense of intracellular stores. Between day 14 and day 34 thiamine deficiencies occur.

18. In my professional medical judgment, it is necessary to obtain a court order to require laboratory tests at least every 48 – 72 hours and any emergency medical interventions or procedures deemed medically necessary to sustain the life of Mr. Novikov while he is on hunger strike. This would include: IV hydration and involuntary feeding via a naso-gastric tube. Laboratory tests are needed to evaluate the metabolic state of the detainee's electrolytes and kidney functions. In addition, daily physical examinations, urinalysis, weight, and vital signs, every eight hours, will also be required.

19. The laboratory tests that need to be obtained during a hunger strike include:

   a. Complete metabolic panel. This test reveal and increase in markers of kidney function in view of any renal injury. The panel tests include: BUN (blood urea nitrogen), creatinine level, urinalysis and proteins. It also reveals electrolyte disturbances as: potassium, phosphate, magnesium, and glucose levels that can lead to heart arrhythmias.

b. Complete blood count. This test reveals the hemoglobin level.

c. Urinalysis, which reveals the presence of ketones, blood and crystals in the urine.

d. Thiamine levels to assess deficiency.

e. Electrocardiogram, if the patient shows elevated potassium, which can lead to arrhythmias.

f. Creatinine phosphokinase ("CPK"), which is an enzyme found inside muscle cells and is released into the blood, when the muscle cells rupture. The increase in CPK can reveal the presence of rhabdomyolysis, destruction of muscle tissue.

g. Pre-albumin, used as a marker for nutritional status evaluation. Pre-albumin will decrease over time the longer a patient fails to consume adequate nutrition, and the pre-albumin level correlates with patient morbidity and mortality risk. Normal pre-albumin is 15-35 mg/dL. When pre-albumin falls to 5-11mg/dL, significant morbidity risks exist and aggressive nutritional support is necessary.

19. In order to ensure the patient's medical safety, should the respondent refuse to cooperate with blood work or other procedures deemed medically necessary to sustain his life while he is on a hunger strike, medical soft restraints will be required to immobilize the respondent and prevent unnecessary injury to both respondent and medical staff.

20. In light of Mr. Novikov's hunger strike and refusal of medical care, in my professional judgment, it is medically necessary to obtain a court order for the above-mentioned procedures to monitor his physical condition and ensure his health.

I declare under penalty of perjury that the foregoing is true and correct. Executed this 11th day of, 2017.

Eugene G. Charbonneau, D.O.
Board Certified Family Medicine
Clinical Director
Stewart Detention Center
Lumpkin, Georgia